

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
2						
3						
4						
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9						
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11						
12						
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14						
15	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	28	↓	↓	↓	↓	↓
TOTAL CLAIMS	30					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

# CLAIMS ONLY

SERIAL NO.	10054699
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	18					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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57						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS